

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Vicky Garnett
Keller

OFFICE USE ONLY

Date Received

Date Hand-delivered Date Postmarked

RECEIVED
JAN 15 2004
CITY SECRETARY

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

☐ Change of Address

16516 El Camino Real #330
Houston, Texas 77062

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 215-6624

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

marcus
Aguirre

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #

CITY

STATE

ZIP CODE

16516 El Camino Real #330
Houston, Texas 77062

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 215-6624

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☒

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

THROUGH

Month

Day

Year

10 / 28 / 03

1 / 15 / 04

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

11 / 04 / 03

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Houston City Council District E

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

16 ACCOUNT # (Ethics Commission file)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 978⁰⁰

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 5483⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 862.81

4. TOTAL POLITICAL EXPENDITURES

\$ 5003.65

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

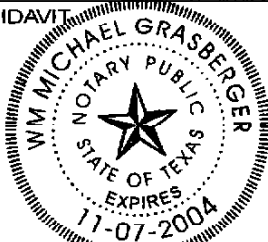
\$ 479.35

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0-

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Vicky Garnett Keller
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said VICKY GARNETT KELLER, this the 15 day of JANUARY, 20 04, to certify which, witness my hand and seal of office.

WM. MICHAEL GRASBERGER
Signature of officer administering oath

WM. MICHAEL GRASBERGER
Printed name of officer administering oath

NOTARIES PUBLIC
Title of officer administering oath

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME*Vicky Garnett Keller***2 ACCOUNT # (Ethics Commission filers)****3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Vicky Garnett Keller
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**

-- Complete A & B below only if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☒

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

☐

I do not retain assets purchased with political contributions or interest or other income from political contributions.

☐

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Vicky Garnett Keller
Signature of Candidate**5 OFFICEHOLDER**

-- Complete this section only if you are an officeholder --

☐

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, at the time I cease holding office, I retain assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

7/22/03

MARTIN K. MORAN

6 Contributor address; City; State; Zip Code

\$150

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

7/20

ALISON CAMERON

Contributor address; City; State; Zip Code

\$100.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

9/21

Andrew TRAN Campaign

Contributor address; City; State; Zip Code

\$100

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

7/23

Tariff ABoushi

Contributor address; City; State; Zip Code

\$100

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

7/25

Riley LAW Firm

Contributor address; City; State; Zip Code

\$500

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

Vicky Garnett Keller

3 ACCOUNT # (Ethics Commission filers)

4 Date

7/22

5 Full name of contributor

☐ out-of-state PAC (ID#)

Joe Rothstein

6 Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

\$100

8 In-kind contribution description (if applicable)

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

8/25

Full name of contributor

☐ out-of-state PAC (ID#)

Pipe fitters Local

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$1,000

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

9/24

Full name of contributor

☐ out-of-state PAC (ID#)

Ironworkers State Cope Fund

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$500

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/13

Full name of contributor

☐ out-of-state PAC (ID#)

Bert Golding

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

10/13

Full name of contributor

☐ out-of-state PAC (ID#)

Darryl E. Smith

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$50

In-kind contribution description (if applicable)

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 FILER NAME

Vicky GARNETT Keller

3 ACCOUNT # (Ethics Commission filers)

4 Date

8/13/03

5 Full name of contributor

Edward YARRA

☐ out-of-state PAC (ID#)

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

6 Contributor address:

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8/13

Full name of contributor

Richard DAVIS

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

8/13

Full name of contributor

Darryl E. Smith

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

9/22

Full name of contributor

Chris R. Brown

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

Date

8/27

Full name of contributor

STEVEN SALZMAN

☐ out-of-state PAC (ID#)

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address: City: State: Zip Code

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction guide explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

8 In-kind contribution description (if applicable)

10/20

Edward J Ybarra

Contributor address: City: State: Zip Code

\$40⁰⁰

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

10/18

Ronald Smith

Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$100

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

10/14

Bernadette Payne

Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$50⁰⁰

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

10/25

Darryl E. Smith

Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$50

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

10/25

Harris County Womens Political Caucus PAC

Contributor address: City: State: Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

\$750

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The instruction Guide explains how to complete this form.

1 Total pages this Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#:

7 Amount of
contribution (\$)

8 In-kind contribution
description (if applicable)

11/13

Texas working Families PAC

6 Contributor address; City; State; Zip Code

100.00

9 Principal occupation \ Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of
contribution (\$)

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

Principal occupation \ Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

Vicky Garnett Keller

3 ACCOUNT # (Ethics Commission filers)**4** Date

8/12

5 Payee name

Sign Mart of Texas

6 Payee address; City; State; Zip Code8222 Lockheed
HOUSTON, TX 77061**7** Amount
(\$)

487.58

8 Purpose of payment (See instructions regarding type of information required.)

STATIONARY

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

8/18

Payee name

KITS F.M.

Payee address; City; State; Zip Code4409 MONTROSE
HOUSTON, TX 77006**Amount**
(\$)

\$205

Purpose of payment (See instructions regarding type of information required.)

Radio SPOTS

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

9/8

Payee name

Sign Mart of Texas

Payee address; City; State; Zip Code8222 Lockheed
HOUSTON, TX 77061**Amount**
(\$)

\$86.60

Purpose of payment (See instructions regarding type of information required.)

Flyers

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

9/17

Payee name

Sign Mart of Texas

Payee address; City; State; Zip Code8222 Lockheed
HOUSTON TX 77061**Amount**
(\$)

\$209.37

Purpose of payment (See instructions regarding type of information required.)**-- Complete if direct expenditure to benefit C/OH --**

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

9/18

Tejano Democrats

6 Payee address; City; State; Zip Code

3715 N. Main ST.
HOUSTON, TX 77009

\$80.00

8 Purpose of payment (See instructions regarding type of information required.)

Fall Fundraiser

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

9/19

Sprint Digital

6 Payee address; City; State; Zip Code

10100 Clay Rd. Suite C
HOUSTON TX 77080

\$265.22

Purpose of payment (See instructions regarding type of information required.)

Door Hangers

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

9/22

City of Houston

6 Payee address; City; State; Zip Code

P.O. Box 1562
HOUSTON TX 77251

\$500

Purpose of payment (See instructions regarding type of information required.)

Filing Fee

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

10/2

Sprint Digital

6 Payee address; City; State; Zip Code

10100 Clay Rd, Suite C
HOUSTON TX 77080

265.22

Purpose of payment (See instructions regarding type of information required.)

Door Hangers

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAME Vicky Garnett Keller		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/10	5 Payee name Sprint Digital 6 Payee address; City, State; Zip Code 10100 Clay Rd, Suite C Houston TX 77080	7 Amount (\$) \$671.15	
8 Purpose of payment (See instructions regarding type of information required.) signs		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/20	Payee name Golden Corral Payee address; City, State; Zip Code 3033 South Loop West Houston TX 77054	Amount (\$) 170.03	
Purpose of payment (See instructions regarding type of information required.) volunteer breakfast		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/22	Payee name Postal Annex Payee address; City, State; Zip Code 16516 El Camino Real Houston TX 77062	Amount (\$) 100.00	
Purpose of payment (See instructions regarding type of information required.) copies, postage, + cutting		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	
Date 10/31	Payee name Sprint Digital Payee address; City, State; Zip Code 10100 Clay Rd, Suite C Houston TX 77080	Amount (\$) 487.13	
Purpose of payment (See instructions regarding type of information required.)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

4 Date 11/4	5 Payee name Bayou City Wings 6 Payee address; City; State; Zip Code 12804 Gulf Frey Suite 100 Houston, TX 77034	7 Amount (\$) 163.54
-----------------------	--	--------------------------------

8 Purpose of payment (See instructions regarding type of information required.)	9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	--

Date 11/4	Payee name MARCOUS Aguilera Payee address; City; State; Zip Code 1529 Amada Houston, TX 77062	Amount (\$) 450.00
--------------	---	-----------------------

Purpose of payment (See instructions regarding type of information required.) Provided poll pushers Election Day	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
--	---

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
------	--	-------------

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
------	--	-------------

Purpose of payment (See instructions regarding type of information required.)	-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
---	---

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED